

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 30 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000007452
1. Corporation Name 7042
Eagles' Nest Community Charter Schools, Inc.

2. Principal Office Address <u>273 S. State Rd 7</u> Suite, Apt. #, etc. <u># 277</u> City & State <u>Margate FL</u> Zip <u>33068</u>		3. Mailing Office Address <u>273 S. St Rd 7</u> Suite, Apt. #, etc. <u># 277</u> City & State <u>Margate, FL</u> Zip <u>33068</u>	
Country <u>USA</u>		Country <u>USA</u>	

4. Date Incorporated or Qualified To Do Business in Florida	Applied For
5. FEI Number <u>65-1046983</u>	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent Name <u>John S. Foster-Grant</u> Street Address (P.O. Box Number is Not Acceptable) 4446 Shepard <u>273 South State Rd 7</u> Suite, Apt. #, Etc. <u># 277, 19th</u> City <u>Margate,</u>		400040647274 08/30/04--01092--001 **183.75 400040647274 08/30/04 01092 002 **0.75 FL 33068
--	--	--

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent [Signature] Date 8/26/04
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	<u>PAULINE FOSTER-GRANT</u>	<u>273 S. St Rd 7 #277</u>	<u>Margate, FL 33068</u>
S	<u>Carol Gardner</u>	<u>273 S. St. Rd 7, #277</u>	<u>Margate, FL 33068</u>
T	<u>Marcia Griffin</u>	<u>273 S. St. Rd 7, #277</u>	<u>Margate, FL 33068</u>
VP	<u>John Foster-Grant</u>	<u>273 S. St. Rd 7, #277</u>	<u>Margate, FL 33068</u>

REINSTATEMENT 02-04

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] Pauline Foster-Grant 8/26/04 91-422-6128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E081 (9/01)

273 South State Rd.
#277
Margate, FL 33068

Department of State
Division of Corporation
P. O. Box 6327
Tallahassee, FL 32314

A check for \$183.75 is enclosed for the reinstatement of Eagles' Nest Community Charter Schools, Inc. A separate check for \$8.75 is enclosed for a certificate of status.

We did not receive our annual report; therefore we are requesting a waiver of the reinstatement fee.

Thank you,



John Foster-Grant
Registered Agent